



NHDAMF - BUREAU OF WEIGHTS AND MEASURES
25 CAPITOL STREET
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CONCORD NH 03302-2042

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APPLICATION FOR **RENEWAL** OF SERVICEMAN CERTIFICATE
OF REGISTRATION

INSTRUCTIONS --- (Read carefully before filling out this form)

1. In accordance with PART Agr 1405, Licensing of Servicemen, this application **shall be complete and accurate** as to all information requested for an individual to obtain a certificate of registration to install, service, repair, recondition or test and calibrate commercial weighing, measuring or counting devices in the State of New Hampshire.
2. Application fee of **\$36.00, Plus \$12.00** for each device category applicant desires to work in, shall accompany this application form. Checks or money orders are to be made payable to **Treasurer State of New Hampshire**, and mailed to :NH Dept. of Agriculture, Markets and Food, Bureau of Weights and Measures, PO Box 2042, Concord, NH 03302-2042.
3. A copy of the test equipment certification **MUST** accompany the application if certified in an accredited state laboratory other than the NH Laboratory. In accordance with Agr 1405.07, test equipment must be certified no more that **90 days** prior to submitting an application for a certificate of registration.
4. Applicant shall attach to the application a sample of his/her lead and wire seal and a sample of the pressure sensitive paper seal to be used by him/her.

FOR OFFICE USE ONLY

Date Received _____ Check No.: _____ Fee: _____
Date App. Sent _____ ExpDate: _____ SealNo. _____
Disapproved / Reason _____
Exam Date: _____ ExamScore _____
Rule Number: _____ Handbook -44 Number: _____
Handbook 112 Number: _____

5. Applicant **Must Obtain** a current copy of the department's weights and measures rules and the Current Editions of NIST Handbooks 44 and Handbook 112 prior to any license Being issued.
6. Applications shall be signed by the person applying for a license.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Date: _____, 20____ Home Telephone #: ____ (____) _____
Name: _____
(Last) (First) (Middle)
Residence: Street _____ City _____
State _____ (9 Digit) Zip Code _____ - _____ County: _____
Date of birth: ____ / ____ / ____ Drivers Lic.No.: _____ State: _____
Mailing address if different from above: _____
E-mail address if available: _____
Previous Residence or Residences if at current address less than 5 years: _____
Applicant has held a certificate under another name provide that name: _____

DEVICE CATEGORIES

SCALES:

A ____ 30 lbs or less B ____ 31 to 300 lbs C ____ 301 to 3000 lbs
D ____ 3001 to 20 000 lbs E ____ 20 001 and up F ____ Vehicle Scales
G ____ Analytical Balances R ____ Lift truck on board weighing systems

RETAIL MOTOR FUEL DEVICES:

H ____ Gasoline Pumps I ____ LP Gas Pumps J ____ Natural Gas Pumps

LARGE VOLUME:

K ____ Vehicle Tank Meters L ____ Bulk Storage Meters
M ____ LPG Vehicle Tank Meters Q ____ Bulk Motor Oil Meters

OTHER:

N ____ Taxi Meters O ____ Linear & Cordage Measures P ____ Milk Tanks

Present Employer: Telephone #: () Fax #: () Company Contact Person: Toll Free #: () E-mail Address if Available: _____ Company Name: _____ Street: _____ City: _____ State: (9 digit) Zip Code: - County: _____ Mailing Address If Different From Above: _____		<u>TEST EQUIPMENT</u> List all test equipment to be used in this state: Test Weights: _____ _____ _____ Test Measures: _____ _____ _____ Other: _____ Date test equipment last certified: _____ Where Certified: _____
Most recent past employer for whom you have worked and held a serviceman certificate of registration: Company Name: _____ Street: _____ City: _____ State: (9 digit) Zip Code: - _____		
Pursuant to Agr 1405.02 (20) -- Please read, sign and date:		
1. “I understand that I shall pass a written examination, pursuant to Agr 1405.08, for those device categories I want to service.” 2. “I understand that only certified standards, pursuant to Agr 1405.07 shall be used to service commercial devices and that the standards shall be certified in the New Hampshire weights and measures laboratory or I shall submit a certificate of certification from another accredited state weights and measures laboratory before a license can be issued.” 3. “I certify that I possess the necessary standards and testing equipment to service those device categories for which I am requesting a certificate of registration.” 4. “I certify that I have a current edition of NIST Handbook-44, pursuant to Agr 1405.04.”		5. “I certify that I have a current copy of the New Hampshire code of administrative rules, Agr 1400, and that I shall operate in accordance with these rules.” 6. “I certify that there are no willful misrepresentations or falsifications in the information provided above.” 7. “I understand if an investigation discloses any willful misrepresentations or falsifications my application shall be rejected.” 8. “If, after issuance of my serviceman certificate of registration, should an investigation disclose any willful misrepresentations or falsifications, my license shall be suspended and I shall be subject to penalties under RSA 438:40.”

Signature of Applicant

Date _____